

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9373	2 Fiscal Year Covered From 11/01/04 Through 12/31/04
3 Name and address of person filing Name THOMAS G WEEKS SR P O Box, Bldg, Room No, if any Street 808 KAREN DR City KINGSDVILLE State MARYLAND ZIP Code + 4 21087	4 Name, file number, and address of labor organization Name BALTIMORE LOCAL 19 I.A.T.S.E. Labor Organization File Number 04332 P O Box, Building and Room Number, if any Street 1111 PARK AVE City BALTIMORE SUITE 1-102 State MARYLAND ZIP Code + 4 21087
5 Position in labor organization BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name BALTIMORE SYMPHONY ORCHESTRA Trade Name, if any B. S O P O Box, Bldg, Room No, if any Street 1212 CHATELAIN ST City BALTIMORE, MARYLAND State MD ZIP Code + 4 21201	7 a Nature of Interest, Transaction, or Income CURTAIN RENTAL \$2100.00 " " \$1200.00 " " \$600.00 SPOT LIGHT RENTAL \$900.00 CURTAIN RENTAL \$600.00 7 b Amount \$4300.00 SEE ATTACHED

Signature

Thomas Gary Weeks Sr

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Thomas Gary Weeks Sr

On

8/10/05

Date

Telephone Number



Sun Stage Lighting & Equipment, Inc.

808 Karen Drive ♦ Kingsville, MD 21087 ♦ Phone: 410-879-2762 ♦ Fax: 410-893-8258

I, M. P.

MERRIWETHER POST

11171 LITTLE POTATION PARKWAY

COLUMBIA MARYLAND

WORK
LIGHT
RENTAL →

7A NATURE OF
INTEREST OR INCOME

\$ 400.00

7B AMOUNT

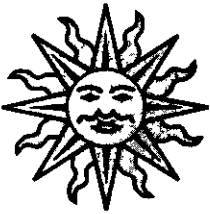
\$ 400.00

Signature Thomas G. Webb Sr.

Signature Thom G. Webb THOMAS TRUSS
RENTAL

7A NATURE
OR INTEREST
\$ 600.00

7B AMOUNT
\$ 600.00



Sun Stage Lighting & Equipment, Inc.

808 Karen Drive ♦ Kingsville, MD 21087 ♦ Phone: 410-879-2762 ♦ Fax: 410-893-8258

6.
BALTIMORE OPERA CO
STREET 404 MARYLAND AVE
BALTIMORE MARYLAND 21201

7A NATURE OF INTEREST OR INCOME

CHAIN MOTORS
\$450.00
RENTAL

Signature Thomas L. Weeks Sr

7B AMOUNT
\$450.00

COLUMBIA FESTIVAL FOR ARTS
ADDRESS ?

7A
RENTAL LIGHTING PACK AGE
\$800.00

7B AMOUNT
\$800.00

Signature Thomas L. Weeks Sr

Name of Person Filing	File Number U-
-----------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ 14 b Amount of payment _____
13 b Is the Business an Employer or Consultant ?	